

Seattle Engineering Department

Eugene V. Avery, Director of Engineering
Charles Royer, Mayor



2.10
MWLSF

DATE:

TO: Resident

FROM: Seattle Engineering Department

SUBJECT: Methane Gas Testing

On this date we have checked your home for the presence of methane gas. Our instruments indicate that the levels of methane do not exceed _____ppm.

Methane is a colorless, odorless, tasteless, non-toxic gas which is naturally produced when garbage decomposes. Methane is not considered dangerous below 40,000 ppm. At levels above this there is danger of explosion, fire, and the displacement of oxygen.

If you have any questions about this monitoring program, please feel free to contact Mark Edens of the Seattle Engineering Department at 625-2324 or Greg Bishop of the Seattle/King County Health Department at 587-2722.

Sincerely,

Monitor

MHE/egh

SF 2.10

4-15-86



DATE _____

1. NAME _____
2. ADDRESS _____
3. PHONE _____ TOTAL NUMBER IN HOUSEHOLD _____
4. LENGTH OF TIME AT PRESENT ADDRESS _____
5. NUMBER OF SMOKERS IN HOUSEHOLD _____
6. STRUCTURE INFORMATION: _____ UREA FORMALDEHYDE INSULATION
_____ DATE OF CONSTRUCTION
_____ DATE OCCUPIED
_____ PARTICLE BOARD FLOORS, CABINETS, COUNTERTOPS
_____ HEAT SYSTEM (DESCRIBE)
_____ AIR CONDITIONER, HUMIDIFIER, AIR CLEANER
_____ CARPET TYPE & PADDING
_____ STRUCTURE TYPE (BRICK, WOOD, MOBILE HOME)
7. HAVE ANY MEMBERS OF YOUR HOUSEHOLD DEVELOPED ANY OF THE FOLLOWING SYMPTOMS SINCE RESIDING IN THIS AREA (CHECK THOSE THAT APPLY):

_____ HEADACHE	_____ SKIN IRRITATION
_____ DIZZINESS	_____ RASHES & HIVES
_____ EYE ACHE	_____ NAUSEA, VOMITING
_____ BLURRED VISION	_____ ABDOMINAL PAIN
_____ SINUS IRRITATION	_____ DIARRHEA
_____ RUNNY NOSE	_____ SLEEPLESSNESS
_____ ALLERGIES	_____ EMOTIONAL STRESS
_____ THROAT IRRITATION	_____ DEPRESSION
_____ COUGH	_____ IRRITABILITY
_____ RESPIRATORY PROBLEMS	_____ EXCITABILITY
_____ BREATHING DIFFICULTY	_____ LOSS OF APPETITE
_____ FATIGUE (LETHARGY)	_____ LOSS OF WEIGHT
_____ HYPERACTIVITY	_____ NUMBNESS
_____ TINGLING	_____ LOSS OF MEMORY
_____ UNEXPLAINED ANGER	_____ MOODINESS
_____ CONSTANT EAR INVOLVEMENT	_____ METAL TASTE IN MOUTH
_____ THYROID PROBLEMS	

OTHER (PLEASE EXPLAIN):

8. HAVE ANY MEMBERS OF YOUR HOUSEHOLD BEEN TREATED BY A PHYSICIAN FOR ANY OF THESE SYMPTOMS?
9. NAME AND ADDRESS OF YOUR PHYSICIAN (OPTIONAL):
10. HAVE YOU EVER HAD TROUBLE WITH OR ARE NOW HAVING TROUBLE WITH YOUR EXISTING SEPTIC SYSTEM?
11. DISTANCE TO NEAREST BODY OF WATER (SWAMP, CREEK OR LAKE)
12. ADDITIONAL COMMENTS: (USE BACK OF FORM IF ADDITIONAL SPACE IS REQUIRED)
13. I HEREBY AUTHORIZE THIS SURVEY TO BE USED TO STUDY EXISTING CONDITIONS IN THIS AREA. _____ NAME _____
14. Please return this questionnaire as soon as possible to:

Return by April 15, 1986

ROBERT BROWN
2911 So. 252nd St., Kent, WA 98032